

U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 82003

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name CHARLES R JONES

P.O. Box, Bldg., Room No., if any

Street 1775 E. R. 1000

City CAMARZO

State IL ZIP Code + 4 61719

4. Name, file number, and address of labor organization.

Name Brotherhood of Local Union 1000

Labor Organization File Number 024-741

P.O. Box, Building and Room Number, if any

Street 4712 S. HEAR RD

City SARASOTA

State FL ZIP Code + 4 34231

5. Position in labor organization.

LOCAL CHAIRMAN DISTRICT 1

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*[Signature]*

On

8/13/04

Date

217-993-4531

Telephone Number

|  |                |
|--|----------------|
| Name of Person Filing <b>CHARLES R JONES</b> | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **TERENCE J. SCHLICHTER**

Trade Name, if any: **SCHLICHTER, BOYCE & ASSOC**

P.O. Box, Bldg., Room No., if any

Street **100 S. 4TH ST, SUITE 200**

City **ST LOUIS**

State **MO** ZIP Code + 4 **63102**

## 14.a. Nature of payment.

**BEFORE APRIL 15, 2004  
I WAS PROVIDED 1 HOUR OF TRAINING  
IN CASUOUS THAT IS ESTIMATED  
TO HAVE EXCEEDED \$25.00 IN  
VALUE.**

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

## 14.b. Amount of payment

**ESTIMATED TO  
EXCEED \$25.00**

|  |                |
|--|----------------|
| Name of Person Filing <b>CHARLES R JONES</b> | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **BAVER & BABIER, PC**

Trade Name, if any: **SAME**

P.O. Box, Bldg., Room No., if any

Street **1010 MARKET ST, SUITE 350**

City **ST LOUIS**

State **MO** ZIP Code + 4 **63101**

## 14.a. Nature of payment.

**BETWEEN APRIL 27 & 28, 2004 I WAS PROVIDED 2 HOURS WITH PRINTS FROM ESTIMATES TO HAVE EXCEEDED VALUE IN VALUE.**

**IN DECEMBER 2004 I RECEIVED A HANDBOOK ON THE HANDBOOK IS ESTIMATED TO EXCEED 25% IN VALUE.**

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

## 14.b. Amount of payment.

**ESTIMATED TO EXCEED**

**\$75.00**

|  |                |
|--|----------------|
| Name of Person Filing <b>CHARLES R JONES</b> | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Donna RATHMAN**

Trade Name, if any: **RATHMAN & BROS, LLC**

P.O. Box, Bldg., Room No., if any

Street **1031 CAM. STREET**

City **ST LOUIS**

State **MO** ZIP Code + 4 **63104**

14.a. Nature of payment.

BETWEEN APRIL 13 & 15, 2004 I RECEIVED 1 MEAL THAT IS ESTIMATED TO HAVE EXCEEDED \$25 IN VALUE. BETWEEN MAY 14 & 15, 2004 MY SPOUSE WAS PROVIDED A ROOM & 1 TICKET TO THE ST LOUIS CARDINAL GAME AND WAS PROVIDED 2 MEALS WITH DRINKS EACH ESTIMATED TO HAVE EXCEEDED \$25 IN VALUE.

13.b. Is the Business an Employer ☐ or Consultant ☒

14.b. Amount of payment.

ESTIMATED TO EXCEED

**\$175.00**

|                       |                 |                |
|-----------------------|-----------------|----------------|
| Name of Person Filing | CHARLES R JONES | File Number U- |
|-----------------------|-----------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 14.a. Nature of payment.

ON DEC 17, 2004 ME AND MY SPOUSE WERE PROVIDED 1 MEAL AND DRINK ESTIMATED TO EXCEED \$50.00

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

## 14.b. Amount of payment.

ESTIMATED TO EXCEED \$50.00